

Donation Form

___ \$35 ___ \$50 ___ \$100 ___ \$500 ___ \$1,000 ___ Other \$ _____

Mail your complete form with your check (payable to NWHM) or credit card information to:

National Women's History Museum
205 S. Whiting Street, Suite 254
Alexandria, VA 22304

___ My check for \$ _____ is enclosed.

___ Please bill my American Express / MasterCard / Visa / Discover credit card:

Account # _____ Exp. Date _____

Signature _____

My information:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

For more information, please contact the Museum at (703) 461-1920, email at dsol@womenshistory.org, or visit our website at www.womenshistory.org.

Donation Form

___ *This is a gift on behalf of:*

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

___ *This is a gift in honor or in memory of:*

Name _____

E-mail _____

For more information, please contact the Museum at (703) 461-1920, email at dsol@womenshistory.org, or visit our website at www.womenshistory.org.